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# Learn About Our Pharmacy Program

Effective January 1, 2019

This guide provides an overview of the pharmacy program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

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# Pharmacy Program Overview

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Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list that includes many medications that are available at affordable out-of-pocket costs.

## About This Guide

This guide is up to date as of January 1, 2019, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at [bluecrossma.com/medications](http://bluecrossma.com/medications).

## Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits, at [express-scripts.com](http://express-scripts.com). In some cases, you'll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You'll also make fewer trips to the pharmacy and be less likely to miss a dose, since you won't have to refill as often.

To use the Mail Order Pharmacy, download the order form at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), or call 1-800-262-BLUE (2583).

## Online Resources

### Medication Lookup

Search for covered medications at [bluecrossma.com/medications](http://bluecrossma.com/medications). The information here represents our standard pharmacy coverage—your coverage may vary. Generally, drugs listed as “non-covered” will fall in Tier 3 for TL 170 H&WF members unless otherwise excluded by your plan. Changes to our covered medications usually take place on January 1 and July 1. For help and more information, call Member Service at 1-800-932-8323.

### MyBlue

Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

### Express Scripts

Get information about your specific pharmacy coverage by visiting [express-scripts.com](http://express-scripts.com). There, you can look up the cost of medications, find a pharmacy, and set up home delivery.

# Pharmacy Program Overview

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## What You Pay for Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will tell you how much you owe.

### **In a 3-tier structure**

Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

If you or your doctor requests a brand-name medication to be dispensed when there is a generic equivalent medication available, you'll pay the brand copayment plus the difference in the cost between the brand and generic medication (the difference in the cost between the brand and generic medication is also referred to as an "ancillary fee").

The request for a brand-name medication to be dispensed when there is a generic equivalent available is called a "Dispense as Written" prescription. Ancillary fees will be waived for brand versions of select medications for treatment of seizures (Carbamazepine and Phenytoin), heart rhythm disorders (Digoxin, Flecainide, and Quinidine), blood thinners (Warfarin), asthma (Theophylline), transplant immunosuppressants (Cyclosporine, Sirolimus, and Tacrolimus), manic depression (Lithium), and thyroid supplementation (Levothyroxine Sodium).

Some medications are formulated or packaged to deliver greater than a 30-day supply in a single dosage/dispensing unit. For some of these medications, members will be charged more than one 30-day copayment per fill depending on the medication and dosage/dispensing unit. For example, Estring is formulated as a 90-day dosage unit and members will be charged three 30-day copayments.

Proton pump inhibitors, such as omeprazole and Prilosec, as well as over-the-counter versions of these medications with a valid prescription, are still covered under your plan. With a valid prescription, your plan also covers over-the-counter versions of h-2 blockers, such as Ranitidine, as well as non-sedating antihistamines, such as Claritin. Branded over-the-counter products are covered at your highest tier, while generic over-the-counter products are covered at Tier 1 costs.

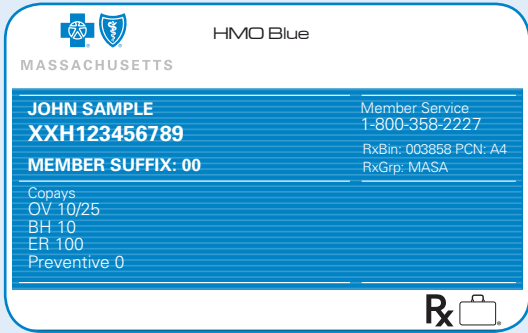
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

## Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications don't meet your specific needs as determined by your provider. Some compounded medications may need Prior Authorization or have Quality Care Dosing guidelines.

# Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. The Fund will notify members of these changes at least 60 days in advance of the change.



## Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown at the left.

# Preventive Medications

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The following list includes prescription and over-the-counter medications that are covered at no cost to you when they are prescribed by your doctor. This list is up to date as of January 1, 2019, and may change from time to time.

- **Breast cancer preventive medications** (tamoxifen and raloxifene) are covered for ages 35 and older without a prior diagnosis of breast cancer
- **Bowel preparations** (generic medications or brand without a generic equivalent and including over-the-counter evacuants when they are prescribed by your doctor) are covered for males and females ages 50 to 75 prior to colorectal screening exams
- **Erythromycin eye ointment** is covered for infants up to 12 months old
- **Fluoride supplements** are covered for children ages 6 months through 16
- **Generic Aspirin** (81mg)
- **Generic contraceptives**, or brand medications without a generic equivalent, (e.g., includes prescription contraceptives and over-the-counter products such as female condoms, sponges, and spermicide) are covered up to age 54
- **Generic Folic Acid** (includes prescription and over-the-counter) is covered for people up to age 54
- **Generic Iron** is covered for infants up to 12 months old
- **Generic smoking cessation** (e.g., nicotine gum, lozenges, and patches), or brand medications without a generic equivalent, are covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** (up to 800 IU per day) is covered for people ages 65 and older
- **Various vaccines** are covered, age requirements vary by vaccine type

# Quality Care Dosing

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Our Quality Care Dosing program helps to ensure that the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

## Dose Consolidation

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

## Recommended Monthly Dosing Level

Checks to see that your monthly dosage is consistent with the manufacturer's and the FDA's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

**Note:** Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, or be considered specialty medications. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of January 1, 2019, and may change from time to time.

For the most up to date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to the **Quality Care Dosing** section.

# Quality Care Dosing

Abstral	Arava	Camrese	Duloxetine DR
AcipHex	Arcapta Neohaler	Camrese Lo	Duragesic
Actiq	ArmonAir RespiClick	Cardura	Edluar
Actonel	Arnuity Ellipta	Cardura XL	Effexor XR
ACTOplus Met	Arixtra	Catapres TTS	Eletriptan
ACTOplus Met XR	Arymo ER	Celebrex	Embeda
Actos	Ashlyna	Celecoxib	Emend
Acular PF	Asmanex Twisthaler	Celexa	Emverm
Acular	Astepro	Cesamet	Enbrel
Acular LS	Atelvia DR	Cholbam	Enoxaparin
Adderall XR	Atomoxetine	Ciclodin solution/kit	Epclusa
Adlyxin	Atorvastatin	Ciclopirox nail lacquer	Epinephrine injection
Admelog	Atrovent (nasal spray)	Citalopram	Epi-Pen Auto-Injector
Advair Diskus	Atrovent HFA	Climara	Epogen
Advair HFA	Auvi-Q	Climara Pro	Escitalopram
Adyphren	Avandia	Clonidine patch	Esomep-EZS
Adzenys XR	Avonex	Combivent	Esomeprazole
Aerospan	Axert	Combivent Respimat	Esomeprazole Strontium
Aimovig	Azelastine (nasal spray)	Concerta	Estradiol patch
Air Duo	Basaglar	Cotempla XR ODT	Estrogel
Akynzeo	Belbuca	Contrave ER	Eszopiclone
Alendronate Sodium	Belsomra	Copaxone	Evamist
Almotriptan	Belviq	Cosentyx	Evzio
Alora	Belviq XR	Crestor	Exalgo
Alosetron	Betaseron	Cromolyn ophthalmic	Extavia
Alrex	Bevespi AeroSphere	Cymbalta	Ezetimibe
Alsuma	Binosto	Daklinza	Eztimibe/Simvastatin
Altoprev	Boniva tablets	Dalfampridine	Famciclovir
Alvesco	Breo Ellipta	Daysee	Farydak
Ambien	Brisdelle	Desvenlafaxine ER	Farxiga
Ambien CR	Budeprion SR	Dexilant	Fasenra
Amethia	Budeprion XL	Dexmethylphenidate ER	Fayosim
Amethia Lo	Budesonide (nebules)	Dexmethylphenidate XR	Fentanyl oral/mucosal
Amerge	Bunavail	Dextroamphetamine/ Amphetamine ER	Fentanyl patch
Amitiza	Buprenorphine	Diabetic Testing Strips (all)	Fentora
Amlodipine	Buprenorphine-Naloxone	Diclofenac gel	Fetzima
Amlodipine-Atorvastatin	Buprenorphine patch	Diclofenac solution	Fiasp
Ampyra	Bupropion SR	Diflucan (150 mg only)	Flovent/HFA
Anzemet	Bupropion XL	Dihydroergotamine (nasal spray)	Fluconazole (150 mg only)
Apidra	Butorphanol NS	DM 2 Kit	Fluoxetine
Apidra Solostar	Butrans	Doptelet	Fluoxetine DR
Aplenzin ER	Bydureon	Doxazosin	Fluticasone/Salmeterol
Aprepitant	Byetta	Dulera	Fluvastatin XR
Aptenzio XR	Cabergoline	Duloxetine	Fluvastatin
Aranesp	Caduet		Fluvoxamine



# Quality Care Dosing

Fluvoxamine CR	Jynarque	Methylphenidate 72mg	Oramorph SR
Focalin XR	Kadian	Migranal	Orkambi
Fondaparinux	Kalydeco	Migranow Kit	Otezla
Forfivo XL	Kerydin	Minivelle	Oxycodone ER
Forteo	Ketorolac ophthalmic	Mirtazapine	OxyContin
Fosamax	Keveyis	Mirtazapine Rapid Dissolve	Oxymorphone ER
Fosamax Plus D	Kevzara	Mobic	Ozempic
Fragmin	Khedezla	Morphabond ER	Pantoprazole
Frova	Lamisil	Morphine Sulfate ER	Paroxetine
Frovatriptan	Lansoprazole	Movantik	Paroxetine CR
Fulphila	Lansoprazole ODT	Moxifloxacin	Patanase
Gatifloxacin	Lansoprazole/Amoxicillin/ Clarithromycin	Moxeza	Paxil
Glatiramer	Lantus	MS Contin	Paxil CR
Glatopa	Lazanda	Mydayis	Pegasys
Glucose testing strips (all)	Leflunomide	Naratriptan	PEG-Intron
Glyxambi	Lescol	Narcan	Penlac
Granisetron	Lescol XL	NebuPent	Pennsaid
Granix	Levalbuterol HFA	Neulasta	Pexeva
Grastek	Levemir	Neupogen	Pioglitazone
Harvoni	Levonorgestrel/ Ethinyl Estradiol	Nexium	Pioglitazone-Glimepiride
Hetlioz	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Nivestym	Pioglitazone-Metformin
Humalog	Lexapro	Nocdurna	Plegridy
Humalog Jr.	Lidocaine 5% cream	Norvasc	Praluent
Humulin	Lidocaine Patch	Novolin	Pravachol
Humira	Lidoderm	Novolog	Pravastatin
Hydromorphone ER	Linzess	Nucynta ER	Prevacid
Hysingla ER	Lipitor	Nuplazid	PrevPac
Ibandronate	Livalo	Oclavia	Prilosec
Ibrance	Lonhala Magnair	Odomzo	Pristiq
Ilumya	LoSeasonique	Olanzapine-Fluoxetine	Pristiq ER
Imitrex	Lotronex	Olopatadine Nasal	ProAir HFA
Impavido	Lovastatin	Olumiant	ProAir Respiclick
Incruse Ellipta	Lovenox	Olysio	Procrit
Infergen	Lunesta	Omeprazole	Protonix
Insulins (all)	Lysteda	Omeprazole-Sod. Bicarbonate	Proventil HFA
Intermezzo	Mavyret	OmePPI	Prozac
Introvale	Maxalt	Omontys	Prozac Weekly
Invokamet	Maxalt-MLT	Ondansetron	Pulmicort Flexhaler
Invokamet XR	Meloxicam	Ondansetron ODT	Pulmicort Respules
Invokana	Menostar	Onmel	Qbrexxa
Ipratropium NS	Methylphenidate CD	Onsolis	Qtern
Irenka DR	Methylphenidate ER	Onezetra Xsail	Quaalun
Itraconazole	Methylphenidate LA	Opana ER	Quartette
Jardiance		Oralair	Quasense
Jolessa			Quillichew

# Quality Care Dosing

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Quinine Sulfate  
Qutenza  
QVAR  
Rabeprazole  
Ragwitek  
Rebif  
Relexxii ER  
Relpax  
Remeron  
Remeron Soltab  
Repatha  
Restasis  
Retacrit  
Rexulti  
Rhopressa  
Risedronate  
Ritalin LA  
Rivelsa  
Rizatriptan  
Rozerem  
Rosuvastatin  
Sancuso  
Sarafem  
Saxenda  
Seasonique  
Seebri Neohaler  
Segluromet  
Serevent Diskus  
Sertraline  
Setlakin  
Silenor  
Siliq  
Simponi  
Simvastatin  
Soliqua  
Solosec  
Sonata  
Sovaldi  
Spiriva  
Sporanox  
Steglatro  
Steglujan  
Stiolto Respimat  
Strattera  
Striverdi Respimat

Suboxone  
Subsys  
Sumatriptan  
Sumavel Dosepro  
Symbicort  
Symbyax  
Symdeko  
Symproic  
Synjardy  
Synjardy XR  
Taltz  
Tanzeum  
Technivie  
Terazosin  
Terbinafine  
Tivorbex  
Toujeo Solostar  
Tranexamic Acid  
Trelegy Ellipta  
Tremfya  
Tresiba  
Treximet  
Trintellix  
Triptodur  
Trulance  
Trulicity  
Tudorza  
Tymlos  
Utibron Neohaler  
Valacylovir  
Valtrex  
Varubi  
Venlafaxine ER capsule  
Venlafaxine ER tablet  
Ventolin HFA  
Viberzi  
Victoza  
Viekira PAK  
Viekira XR  
Vigamox  
Viibryd  
Vivelle  
Vivelle-Dot  
Vivitrol  
Vivlodex

Voltaren gel  
Vosevi  
Vytorin  
Vyvanse  
Wellbutrin SR  
Wellbutrin XL  
Xartemis XR  
Xeljanz  
Xeljanz XR  
Xermelo  
Xiidra  
Xifaxan  
Xigduo  
Xigduo XR  
Xopenex HFA  
Xtampza ER  
Xultophy  
Xuriden  
Yosprala  
Zaleplon  
Zarxio  
Zegerid  
Zembrace Symtouch  
Zepatier  
Zetia  
Zinbryta  
Zocor  
Zofran  
Zofran ODT  
Zohydro ER  
Zoladex  
Zolmitriptan  
Zolmitriptan ODT  
Zoloft  
Zolpidem  
Zolpidem CR  
Zolpidem SL  
Zolpimist  
Zomig  
Zomig ZMT  
Zubsolv  
Zuplenz  
Zydelig  
Zymaxid  
Zypitamag

# Prior Authorization

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Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this brochure for more information.

**Note:** Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered specialty medications. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of January 1, 2019, and may change from time to time.

For the most up to date list of medications that require Prior Authorization, visit our website at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on Pharmacy Management Program, and proceed to Prior Authorization.

# Prior Authorization

Abstral	Daklinza	Hetlioz	Morphine Sulfate CR
AcipHex	Dalfampridine	Humatrope	Morphine Sulfate ER
Actemra	Desoxyn	Humira	MS Contin
Acthar	Dexilant	Hyalgan	Myalept
Actimmune	Dexedrine	Hydromorphone ER	Myobloc
Actiq	Dextroamphetamines	Hydroxyprogesterone	Nexium
Adcirca	Dificid	Hymovis	Norditropin
Addyi	Diskets	Hysingla ER	Nucala
Advair Diskus	Dulera	Ibandronate injection/syringe	Nucynta ER
Advair HFA	Dolophine	Ibrance	Nutritional Supplements
Air Duo	Dupixent	Idhifa	Nutropin
Alecensa	Duragesic	Ilaris	Nuvigil
Amevive	Durolane	Ilumya	Olumiant
Amphetamines (e.g. Amphetamine, Methamphetamine, Liquadd, Procentra)	Dysport	Increlex	Olysio
Ampyra	Egrifta	Incruse Ellipta	Omeprazole-Sod. Bicarbonate
Aralast	Elidel	Inflectra	OmePPI
Aralast NP (medical benefit only)	Embeda	Interferons (alpha, gamma)	Omnitrope
Armodafinil	Enbrel	IV Immunoglobulin	Omontys
Aranesp	Enteral formula	Juxtapid	Onpattro
Arymo ER	Entyvio	Kadian	Onsolis
Atomoxetine	Epclusa	Kalydeco	Opana ER
Belbuca	Epogen	Kevzara	Opdivo
Belviq	Erbitux (medical benefit only)	Kineret	Oralair
Belviq XR	Esomeprazole	Kisqali	Oramorph SR
Bevespi AeroSphere	Esomeprazole Strontium	Kisqali Femara	Orencia
Binosto	Esomep-EZS	Kynamro	Orkambi
Boniva syringe	Euflexxa	Lazanda	Orthovisc
Botox/Botulinum Toxin	Evekeo	Lenvima	Otezla
Braftovi	Exalgo	Liquadd	Oxycodone ER
Breo Ellipta	Exondys 51	Lucentis (medical benefit only)	Oxycontin
Buprenex	Eylea (medical benefit only)	Lynparza	Oxymorphone ER
Buprenorphine patch	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Lyrica	Praluent
Butrans	Farydak	Lyrica CR	Preservative-Free Morphine (medical benefit only)
Ceredase (medical benefit only)	Fasenra	Macugen (medical benefit only)	Prevacid
Cerezyme	Fentanyl patch	Mavyret	Prilosec
Cimzia	Fentanyl oral/mucosal	Makena	Procentra
Cinqair	Fentora	Mekinst	Procrit
Cinryze (medical benefit only)	Fluticasone/Salmeterol	Mektovi	Prolastin (medical benefit only)
Contrave	Forteo	Methadone	Prolastin C (medical benefit only)
Cotellic	Gel-One	Methadose	Proleukin
Cosentyx	Gelsyn-3	Methamphetamine	Prolia
	Genotropin	Modafinil	Protonix
	Grastek	Monovisc	
	Harvoni	Morphabond ER	

# Prior Authorization

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<u>Protopic</u>	<u>Trivisc</u>
<u>Provigil</u>	<u>Tymlos</u>
<u>Ragwitek</u>	<u>Tysabri (medical benefit only)</u>
<u>Reclast (medical benefit only)</u>	<u>Vectibix (medical benefit only)</u>
<u>Regranex</u>	<u>Venclexta</u>
<u>Remicade</u>	<u>Verzenio</u>
<u>Renflexis</u>	<u>Viekira XR</u>
<u>Repatha</u>	<u>Viekira PAK</u>
<u>Respiratory Syncytial Virus IG/Synagis</u>	<u>Visco-3</u>
<u>Retacrit</u>	<u>Vosevi</u>
<u>Restasis</u>	<u>Xalkori</u>
<u>Revatio</u>	<u>Xartemis XR</u>
<u>Rituxan</u>	<u>Xeljanz</u>
<u>Rydapt</u>	<u>Xeljanz XR</u>
<u>Saizen</u>	<u>Xeomin</u>
<u>SaizenPrep</u>	<u>Xgeva</u>
<u>Saxenda</u>	<u>Xiaflex (medical benefit only)</u>
<u>Serostim</u>	<u>Xiidra</u>
<u>Sildenafil</u>	<u>Xolair</u>
<u>Siliq</u>	<u>Xtampza ER</u>
<u>Simponi</u>	<u>Yosprala</u>
<u>Simponi Aria</u>	<u>Zegerid</u>
<u>Sovaldi</u>	<u>Zelboraf</u>
<u>Spinraza</u>	<u>Zenzedi</u>
<u>Stelara</u>	<u>Zepatier</u>
<u>Strattera</u>	<u>Zohydro ER</u>
<u>Subsys</u>	<u>Zoledronic Acid (medical benefit only)</u>
<u>Supartz</u>	<u>Zomactin</u>
<u>Symbicort</u>	<u>Zometa (medical benefit only)</u>
<u>Symdeko</u>	<u>Zorbtive</u>
<u>Synvisc</u>	<u>Zydelig</u>
<u>Synvisc One</u>	<u>Zykadia</u>
<u>Tacrolimus (topical)</u>	
<u>Tadalafil</u>	
<u>Tafinlar</u>	
<u>Tagrisso</u>	
<u>Taltz</u>	
<u>Technivie</u>	
<u>Tev-Tropin</u>	
<u>Tibsovo</u>	
<u>Topical Retinoic Acid Derivatives (e.g. Retin-A)</u>	
<u>TPN (total parenteral nutrition) (medical benefit only)</u>	
<u>Tremfya</u>	

# Specialty Pharmacy Medications

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Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. We'll cover the cost of some specialty medications if you fill them at a pharmacy outside of our network. We do this because these highly specialized medications aren't always available at one of our in-network pharmacies. The following is a list of medications that can be purchased from one of the pharmacies in our network, and a list of medications we'll cover at a pharmacy outside of our network.

## Network Pharmacy Information

### AcariaHealth™

1-866-892-1202  
Fax: 1-877-541-1503  
acariahealth.com

### Accredo®

1-877-988-0058  
Fax: 1-800-391-9707  
accredo.com

### BriovaRx®

1-844-284-9462  
Fax: 1-866-496-1196  
briovarx.com

### CVS Specialty™

1-866-846-3096  
Fax: 1-800-323-2445  
cvsspecialty.com

## Network Pharmacy Information for Fertility Medications

### AcariaHealth™ Fertility

1-877-928-5125  
Fax: 866-927-9870  
acariahealth.com/index.php/explore/infertility

### AllianceRx Walgreens Prime

1-800-424-9002  
Fax: 1-800-874-9179  
alliancerxwp.com

### BriovaRx

1-800-850-9122  
Fax: 1-800-218-3221  
briovarx.com

### Freedom Fertility Pharmacy

1-866-297-9452  
Fax: 1-888-660-4283  
freedomfertility.com

### Metro Drugs

1-800-649-2872  
Fax: 1-888-258-4242  
metrodrugs.com

### Village Fertility Pharmacy

1-877-334-1610  
Fax: 1-866-935-0719  
villagefertilitypharmacy.com

**Note:** Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements. Please check the corresponding pages to determine coverage requirements.

This list is up to date as of January 1, 2019, and may change from time to time.

You can find the latest information about your medications and look up pharmacy contact information by visiting [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy).

# Specialty Pharmacy Medications

## Injectable Medications

Abraxane  
 Actemra  
 Acthar  
 Actimmune  
 Adriamycin PFS  
 Adrucil  
 Alferon-N  
 Alkeran  
 Apokyn  
 Aranesp  
 Arcalyst Injection  
 Arzerra  
 Aveed  
 Avonex  
 Beleodaq  
 Betaseron  
 BiCNU  
 Bivigam  
 Bleomycin Sulfate  
 Blincyto  
 Boniva Injection  
 Bortezomib  
 Botox  
 Busulfex  
 Calcium Folate  
 Camptosar  
 Carboplatin  
 Carimune  
 Carmustine  
 Cerubidine  
 Cerezyme  
 Cimzia  
 Cinqair  
 Cisplatin  
 Cladribine  
 Copaxone  
 Cosentyx  
 Cosmegen  
 Crystiva  
 Cuvitru  
 Cyclophosphamide  
 Cyramza

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 Darzalex  
 Daunorubicin HCL  
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 Docefrez  
 Docetaxel  
 Doxil  
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 Dupixent  
 Dysport  
 Egrifta  
 Eligard  
 Ellence  
 Empliciti  
 Enbrel  
 Entyvio  
 Epirubicin  
 Epogen  
 Ethyol  
 Etopophos  
 Etoposide  
 Extavia  
 Fasenra  
 Faslodex  
 Firazyr  
 Firmagon  
 Flebogamma  
 Floxuridine  
 Fludara  
 Fludarabine phosphate  
 Fluorouracil  
 Forteo  
 FUDR  
 Fulphila  
 Fusilev I.V.  
 Fuzeon  
 Gammagard  
 Gammagard Liquid

GamaSTAN  
 Gammaked  
 Gammalex  
 Gamunex  
 Gattex  
 Gazyva  
 Gemcitabine  
 Gemzar  
 Genotropin  
 Glatiramer  
 Glatopa  
 Granix  
 Herceptin  
 Hizentra  
 Humatrope  
 Humira  
 Hycamtin  
 Hydroxyprogesterone  
 HyQvia  
 Ibandronate injection/syringe  
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 Idarubicin  
 Ifex  
 Ifosfamide  
 Ifosfamide/Mesna  
 Ilaris  
 Ilumya  
 Imfinzi  
 Increlex  
 Inflectra  
 Intron A  
 Irinotecan  
 Istodax  
 Kenalog  
 Kevzara  
 Keytruda  
 Kynamro  
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 Leucovorin Calcium  
 Leukine  
 Leuprolide Acetate  
 Lipodox  
 Lipodox-50

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 Lupron Depot  
 Lupron Depot-Ped  
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 Mesna  
 Mesnex  
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 Mitomycin  
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 Mozobil  
 Mustargen  
 Myalept  
 Mylotarg  
 Myobloc  
 Naptara  
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 Neumega  
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 Nutropin  
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 Ocrevus  
 Octagam  
 Octreotide injection  
 Olumiant  
 Omnitrope  
 Oncaspar  
 Opdivo  
 Orencia  
 Otezla  
 Otrexup  
 Oxaliplatin  
 Paclitaxel  
 Palynziq  
 Pamidronate  
 Pamidronate disodium

# Specialty Pharmacy Medications

Pegasys  
 Pegasys Proclick  
 Peg-Intron  
 Photofrin  
 Poteligeo  
 Plegridy  
 Praluent  
 Privigen  
 Procrit  
 Proleukin  
 Prolia  
 Rebif  
 Remicade  
 Renflexis  
 Repatha  
 Retacrit  
 Revatio  
 Rituxan  
 Roferon-A  
 Saizen  
 SaizenPrep  
 Sandostatin  
 Sandostatin-LAR  
 Serostim  
 Signafor  
 Signafor LAR  
 Siliq  
 Simponi  
 Simponi Aria  
 Somatuline  
 Somavert  
 Spinraza  
 Stelara  
 Sylatron  
 Sylvant  
 Synagis  
 Synribo  
 Takhzyro  
 Taltz  
 Taxotere  
 Tecentriq  
 Temodar  
 Teniposide  
 Tepadina  
 Tev-Tropin

TheraCys  
 Thiotepa  
 Thyrogen  
 Toposar  
 Totect  
 Trelstar  
 Trelstar LA  
 Trelstar Depot  
 Tremfya  
 Tymlos  
 Unituxin  
 Valstar  
 Velcade  
 Ventavis  
 Vimizim  
 VinBLASTine  
 Vincasar PFS  
 VinCRISTine  
 Vinorelbine  
 Vivitrol  
 Xeomin  
 Xgeva  
 Xolair  
 Zaltrap  
 Zanosar  
 Zarxio  
 Zilretta  
 Zinecard  
 Zoladex  
 Zomacton

## Out-Of-Network Injectable Medications

Acetadote  
 Bavencio  
 Benlysta Autoinject/syringe  
 Besponsa  
 Bicillin  
 Bleo 15  
 Ceftazadime  
 Cuvposa  
 Delestrogen  
 Depo-Estradiol  
 Desferal

Desferoxamine  
 Evomela  
 Exondys  
 Fortaz  
 Kanuma  
 Kineret  
 Nabi-HB  
 Neulasta Onpro  
 Portrazza  
 Radicava  
 Rimso-50  
 Rocephin  
 Romidepsin  
 Sandimmune  
 Sildenafil  
 Strensiq  
 Sublocade  
 Tazicef  
 Testosterone Enanthate  
 Triptodur  
 Vyxeos  
 Yondelis

## Oral Medications

Adcirca  
 Adempas  
 Afinitor  
 Alcensa  
 Alkeran  
 Alunbrig  
 Ampyra  
 Aubagio  
 Bethkis  
 Bosulif  
 Cabometyx  
 Capecitabine  
 Carbaglu  
 Cayston  
 Cerdelga  
 Copegus  
 Cotellic  
 Cyclophosphamide  
 Cystagon  
 Daklinza  
 Dalfampridine

Doptelet  
 Duopa  
 Epclusa  
 Erivedge  
 Esbriet  
 Erleada  
 Erivedge  
 Etoposide  
 Exjade  
 Farydak  
 Galafold  
 Gilenya  
 Gilotrif  
 Gleevec  
 Harvoni  
 Hetlioz  
 Hycamtin  
 Ibrance  
 Idhifa  
 Imatinib  
 Inlyta  
 Iressa  
 Jadenu  
 Jakafi  
 Juxtapid  
 Kalydeco  
 Kisqali  
 Kisqali Femara  
 Kitabis PAK  
 Kuvan  
 Lenvima  
 Letairis  
 Lonsurf  
 Mavyret  
 Mekinist  
 Mesnex  
 Miglustat  
 Moderiba  
 Mulpleta  
 Nerlynx  
 Nexavar  
 Ninlaro  
 Northera  
 Nuplazid  
 Oclavia



# Specialty Pharmacy Medications

Odomzo  
Ofev  
Olysio  
Opsumit  
Orenitram  
Orkambi  
Pomalyst  
Procysbi  
Promacta  
Pulmozyme  
Ravicti  
Rebetol  
Revatio  
Revlimid  
Ribapak  
Ribasphere  
Ribasphere Ribapak  
Ribatab  
Ribavirin  
Rilutek  
Riluzole  
Rubraca  
Rydapt  
Sabril  
Samsca  
Sildenafil  
Sovaldi  
Sprycel  
Stivarga  
Sucraid  
Sutent  
Symdeko  
Tadalafil  
Tafinlar  
Tagrisso  
Tarceva  
Tasigna  
Tecfidera  
Technivie  
Temodar  
Temozoloamide  
Tetrabenazine  
Thalomid  
TOBI ampules  
TOBI-Podhaler

Tobramycin ampules  
Tracleer  
Tykerb  
Tyvaso  
Upravi  
Veltassa  
Venclexta  
Verzenio  
Viekira PAK  
Viekira XR  
Vigabatrin  
Vigadrone  
Vosevi  
Votrient  
Xalkori  
Xeljanz  
Xeljanz XR  
Xeloda  
Xenazine  
Xtandi  
Xyrem  
Zavesca  
Zelboraf  
Zepatier  
Zolinza  
Zykadia  
Zytiga

## Out-Of-Network Oral Medications

8-Mop  
Afinitor Disperz  
Austedo  
Boniva 150mg  
Calquence  
Chenodal  
Cholbam  
Cometriq  
Daraprim  
DDAVP  
Emflaza  
Gocovri ER  
Iclusig  
Imbruvica  
Ingrezza

Jynarque  
Keveyis  
Korlym  
Nityr  
Orfadin  
Otezla  
Otezla Starter Pack  
Tavalisse  
Thiola  
Vistogard  
Xermelo  
Xuriden  
Yonsa  
Zejula  
Zydelig

## Topical

Mugard  
Panretin  
Qutenza  
Valchlor

## Out-Of-Network Topical

Cystaran  
Synarel

## Fertility Medications

Bravelle  
Cetrotide  
Clomid  
Clomiphene  
Crinone  
Endometrin  
Follistim AQ  
Ganirelix  
Gonal F/Gonal F RFF  
Gonal F Rff Redject  
Human Chorionic Gonadotropin (HCG)  
Leuprolide  
Lupron Depot  
Lupron Depot-Ped  
Luveris  
Makena  
Menopur

Novarel  
Ovidrel  
Pregnyl  
Repronex  
Serophene

# Step Therapy

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Step Therapy is a key part of our Prior Authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

**Note:** Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, or be considered specialty medications. Please check the corresponding pages to determine coverage requirements.

This list is up to date as of January 1, 2019, and may change from time to time.

For the most up to date list of medications that require Step Therapy, please visit our website at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on Pharmacy Management Program, and proceed to Step Therapy.

# Step Therapy

## Diabetes Management

Adlyxin  
Alogliptin  
Alogliptin/Metformin  
Alogliptin/Pioglitazone  
ACTOplus Met  
ACTOplus Met XR  
Actos  
Avandaryl  
Avandia  
Byetta  
Bydureon  
Duetact  
Farxiga  
Fortamet  
Glucophage  
Glucophage XR  
Glumetza  
Glyxambi  
Invokana  
Invokamet  
Invokamet XR  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Jentadueto  
Jentadueto XR  
Kazano  
Kombiglyze XR  
Metformin Film Coated ER  
Metformin ER  
Nesina  
Onglyza  
Oseni  
Ozempic  
Pioglitazone  
Pioglitazone-Glimepiride  
Pioglitazone-Metformin  
Prandin  
Qtern  
Segluromet  
Soliqua

Steglatro  
Steglujan  
Synjardy  
Tanzeum  
Tradjenta  
Trulicity  
Victoza  
Xigduo  
Xigduo XR  
Xultophy

## Glaucoma

Lumigan  
Rescula  
Travatan  
Travatan Z  
Xalatan

## Osteoporosis Treatment (Oral)

Actonel  
Atelvia DR  
Binosto  
Boniva tablets  
Fosamax  
Fosamax Plus D

## Pain Relievers (Cox II Inhibitors)

Capxib  
Celebrex  
Celecoxib  
Lidoxib

## Prostate Treatment

Avodart  
Jalyn  
Proscar

## Overactive Bladder Treatment

Detrol  
Detrol LA  
Ditropan XL  
Enablex  
Gelnique  
Oxytrol

Myrbetriq  
Toviaz  
Vesicare

## Topical Testosterone

Axiron  
Fortesta  
Natesto Nasal  
Testim  
Testosterone gel (Fortesta Authorized product)  
Testosterone gel (Testim Authorized product)  
Testosterone gel (Vogelxo Authorized product)  
Testone CIK Kit  
Testosterone CIK Kit  
Vogelxo

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# Nondiscrimination Notice

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Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

## Blue Cross Blue Shield of Massachusetts provides:

Free aid and services for people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services for people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at [civilrightscoordinator@bcbsma.com](mailto:civilrightscoordinator@bcbsma.com).

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at [ocrportal.hhs.gov](http://ocrportal.hhs.gov); by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at [hhs.gov](http://hhs.gov).

# Translation Resources Proficiency of Language Assistance Services

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

**Chinese/简体中文:** 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

**Arabic/العربية:**

(711): "TTY" (جهاز الهاتف النسي للسم والبكم)

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជូនសេវាសមាជិកភាសាលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

**Greek/Ελληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711)।

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga librang serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است, خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂ້ອນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ຫາຜ່ານບໍລິການສະມາຊິກທີ່ໜ້າຍາວນານໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éí t'áájíik'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjii' béésh bee hodíilnih (TTY: 711).



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